

STATE OF UTAH INSURANCE DEPARTMENT REPORT OF FINANCIAL EXAMINATION

of

MOTIVHEALTH INSURANCE COMPANY

of

South Jordan, Utah

as of

December 31, 2020



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October 21, 2021

Honorable Jonathan T. Pike, Insurance Commissioner Utah Insurance Department 4315 S. 2700 West, Ste. 2300 Taylorsville, Utah 84129

Commissioner:

Pursuant to your instructions and in compliance with Utah Code § 31A-2-204, an examination, as of December 31, 2020, has been made of the financial condition and business affairs of:

MOTIVHEALTH INSURANCE COMPANY South Jordan, Utah

hereinafter referred to in this report as "the Company", and the following report of examination is respectfully submitted.

SCOPE OF EXAMINATION

Period Covered by Examination

Representatives of the Utah Insurance Department (Department) have performed a full scope examination of the Company. This is the second full-scope examination of the Company since inception. This examination covers the period of January 1, 2018, through December 31, 2020, including any material transactions and/or events occurring subsequent to the examination date and noted during the course of the examination.

Examination Procedures Employed

We conducted our examination in accordance with the National Association of Insurance Commissioners Financial Condition Examiners Handbook (Handbook). The Handbook requires that we plan and perform the examination to evaluate the financial condition, assess corporate governance, identify current and prospective risks of the Company and evaluate system controls and procedures used to mitigate those risks. An examination also includes identifying and evaluating significant risks that could cause an insurer's surplus to be materially misstated both currently and prospectively.

All accounts and activities of the Company were considered in accordance with the risk-focused examination process. This may include assessing significant estimates made by management and evaluating management's compliance with Statutory Accounting Principles. The examination, however, does not attest to the fair presentation of the financial statements included herein. If during the course of the examination an adjustment is identified, the impact of such adjustment will be documented separately following the Financial Statements section of this report.

This examination report includes significant findings of fact, as mentioned in Utah Code § 31A-2-204 and general information about the Company and its financial condition. There may be other items identified during the examination that, due to their nature (e.g., subjective conclusions, proprietary information, etc.), are not included within the examination report but separately communicated to other insurance regulators and/or the Company.

SUMMARY OF SIGNIFICANT FINDINGS AND RECOMMENDATIONS

There were no significant findings for inclusion in the examination report.

COMPANY HISTORY

General

The Company was incorporated in the state of Utah on May 4, 2015, as HSA Health Insurance Company. It focused on offering high deductible health plans exclusively to the fully insured and self-funded group markets. In 2017, the Company withdrew from the small group marketplace. The Company then changed its name in June 2019 to MotivHealth Insurance Company, and expanded its license to sell health insurance in the state of Nevada in November 2020. However, no policies have been sold in Nevada, to date.

The Company's current marketing strategy is to focus on large, level-funded groups. The Company offers stop loss coverage to these groups and performs full medical underwriting on all new business. The Company has also started offering HSA Administration and Pharmacy Cost Containment services.

Mergers and Acquisitions

No mergers or acquisitions took place during the examination period.

Dividends and Capital Contributions

The Company declared and paid dividends to stockholders in the amount of \$69,570 in 2018, \$77,067 in 2019, and \$67,730 in 2020. In addition, the Company received capital contributions from stock options exercised by employees in the amount of \$282,000 in 2019, and \$24,425 in 2020.

MANAGEMENT & CONTROL INCLUDING CORPORATE GOVERNANCE

Board of Directors

The bylaws of the Company state that the number of directors constituting the Board of Directors shall be not less than three (3) and not more than nine (9) directors. The following persons served as directors of the Company as of December 31, 2020:

Name and Location	Principal Occupation
David Hall (chairman)	President & CEO
Alpine, UT	MotivHealth Insurance Company
Russell Trujillo	Executive VP of Risk Management
West Jordan, UT	MotivHealth Insurance Company
Korb Matosich	President
South Jordan, UT	Asserta Health
Lisa Behnke	Chief Medical Officer
Fort Meyers, FL	Asserta Health
Joann Cipiti	Benefits Consultant
Peoria, AZ	(Retired)

Subsequent to the exam as of date, the members of the Board of Directors were changed and currently consist of David Hall, Joann Cipiti, and Brian Dunn.

Committees

The bylaws of the Company require that the Board, by resolution adopted by a majority of the full Board, may designate one or more committees. Each of these committees shall consist of not less than three (3) or more than fifteen (15) in support of the Board's oversight. Compositions of the Board committees as of December 31, 2020, were as follows:

Finance and Audit Committee	Investment Committee	Executive Committee
David Hall, Chairman	David Hall, Chairman	David Hall, Chairman
Korb Matosich	Russell Trujillo	Russell Trujillo
Joann Cipiti	Kenneth Acker	Kenneth Acker

Subsequent to the exam as of date, the members of the Finance and Audit Committees were changed and currently consist of David Hall, Joann Cipiti, and Brian Dunn.

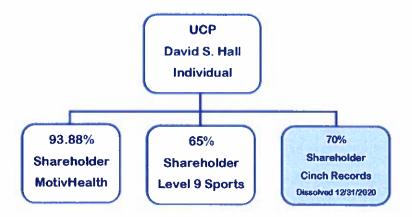
Officers

The following persons served as officers of the Company as of December 31, 2020:

Name	Title
David Hall	President & CEO
Russell Trujillo	Executive VP of Risk Management
Kenneth Acker	VP of Finance

Holding Company

The Company is a member of a holding company as defined in Utah Code §31A-16. The majority shareholder and UCP of the holding company is Mr. David S. Hall. There are two other non-regulated entities in the holding company; Cinch Records, a music production company, and Level 9 Sports, a retail company selling ski and bike gear. Other than Cinch Records' dissolution, the ownership of the holding company system has had no significant changes. The following organizational chart depicts UCP's ownership percentage of each company within the holding company as of the examination date:



Transactions and Agreements with Affiliates

There were no transactions or agreements between the three entities in the holding company as of December 31, 2020, other than the payment of insurance premiums from Level 9 Sports to the Company for healthcare coverage to Level 9 Sports employees.

TERRITORY AND PLAN OF OPERATIONS

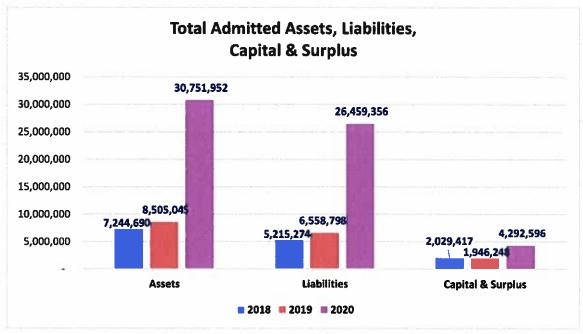
The Company offers high deductible health plans (HDHP) to fully insured large group employers in the state of Utah. The Company also offers administrative services to self-funded small and large employers, along with level-funded stop-loss coverage with specific and aggregate limits. The administrative services for self-funded employer plans, along with the stop-loss coverage, is the majority of the Company's written business and its main marketing focus. The Company also offers health savings account administration (HSA) and pharmacy cost containment services to its current customers.

In addition to being licensed in Utah, the Company is licensed to sell health insurance in Nevada, but did not have any active policies there as of December 31, 2020.

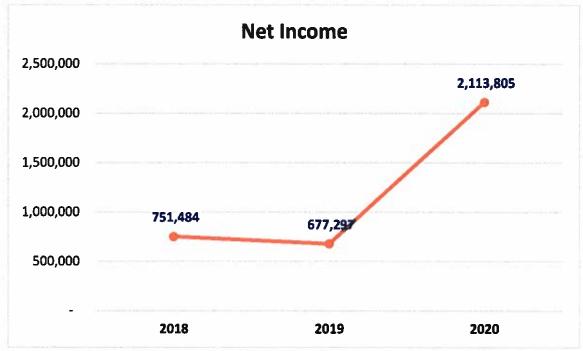
GROWTH OF COMPANY

The Company experienced a slight increase in assets and liabilities and a slight decrease in capital and surplus from 2018 to 2019. In 2020, the Company's assets and liabilities grew significantly, as they included restricted funds held for HSA's policyholders. Capital and surplus doubled from 2019 to 2020 due to an increase in new business and a decrease in claims expenses.

The following graphs illustrate the growth of the Company during the examination period:



Sources: 2018 – 2020 Annual Statements



Sources: 2018 - 2020 Annual Statements

REINSURANCE

Assumed

The Company does not assume any reinsurance. The stop loss insurance product offered by the Company is similar in concept to assumed reinsurance. However, because the coverage is not provided to an insurance company, it is not considered reinsurance.

Ceded

The Company is contracted with PartnerRe America Insurance Company for ceded reinsurance. During the exam period, the Company increased its ceded reinsurance retention limit from \$100,000 to \$250,000 to reduce reinsurance-premiums. The current reinsurance contract consists of the following characteristics:

Per Risk Excess of Loss (Specific):

Layer 1: \$1,000,000 less retention of \$250,000 Layer 2: Unlimited in excess of \$1,000,000

The Aggregating Specific Deductible is greater of \$1.79 per member per month, or \$645,000.

The Company increased its reinsurance retention limit again in 2021 to \$300,000. In addition, the reinsurance contract only provides coverage for policies written in Utah and will need to be amended if the Company starts to issue policies in Nevada.

FINANCIAL STATEMENTS

The following financial statements are based on the statutory financial statements filed by the Company with the Department and present the financial condition of the Company for the period ending December 31, 2020. The accompanying COMMENTS ON FINANCIAL STATEMENTS (if any) reflect any examination adjustments to the amounts reported in the annual statement and should be considered an integral part of the financial statements.

MOTIVHEALTH INSURANCE COMPANY BALANCE SHEET

as of December 31, 2020

ASSETS

_	Net Admitted Assets
Bonds	\$ 1,682,401
Common stocks	1,990,730
Cash, cash equivalents and short-term investments	24,712,272
Investment income due and accrued	18,551
Uncollected premiums and agents' balances in the course of collection	79,175
Amounts recoverable from reinsurers	807,940
Amounts receivable related to uninsured plans	567,158
Current federal and foreign income tax recoverable and interest thereon	19,011
Net deferred tax asset	541,185
Electronic data processing equipment and software	143,511
Healthcare and other amounts receivable	190,018
Total Assets	\$30,751,952

MOTIVHEALTH INSURANCE COMPANY BALANCE SHEET (Continued)

as of December 31, 2020

LIABILITIES, SURPLUS, AND OTHER FUNDS

	Current Year
Claims unpaid	\$ 1,595,102
Unpaid claims adjustment expenses	50,246
Premiums received in advance	272,443
General expenses due or accrued	1,926,582
Amounts withheld or retained by company for account of others	16,741,591
Liability for amounts held under uninsured plans	5,873,392
Total Liabilities	26,459,356
Common capital stock	5,306,425
Gross paid in and contributed surplus	162,738
Unassigned funds (surplus)	(1,176,567)
Total Capital & Surplus	4,292,596
Total Liabilities, Surplus and Other Funds	\$30,751,952

MOTIVHEALTH INSURANCE COMPANY STATEMENT OF INCOME

for the Year-Ended December 31, 2020

	Current Year
Member Months	333,960
Net premium income	\$ 21,181,055
Aggregate write-ins for other health care related revenues	303,335
Aggregate write-ins for other non-health revenues	91,486
Total revenues	21,575,876
Hospital/medical benefits	17,463,968
Prescription drugs	(674,766)
Subtotal	16,789,202
Net reinsurance recoveries	(1,701,339)
Total hospital and medical	15,087,863
Claim adjustment expenses	4,477,345
General administrative expenses	915,967
Total underwriting deductions	20,481,175
Net underwriting gain or (loss)	1,094,701
Net investment income earned	94,407
Net realized capital gains (losses)	2,202
Net investment gains (losses)	96,609
Aggregate write-ins for other income or expenses	922,495
Net income	\$ 2,113,805

MOTIVHEALTH INSURANCE COMPANY RECONCILIATION OF CAPITAL AND SURPLUS

2018 through 2020

	2018	2019	2020
Capital and surplus, December 31, prior year	\$1,644,662	\$2,029,417	\$1,946,249
Net income	770,668	677,297	2,113,805
Change in net unrealized capital gains (losses)	•	t	6,468
Change in net deferred income tax	(208,675)	(55,150)	212,816
Change in nonadmitted assets	(107,668)	(910,249)	(106,171)
Capital changes – Paid in	•	282,000	24,425
Surplus adjustments - Paid in	•	•	162,738
Dividends to stockholders	(69,570)	(21,066)	(67,730)
Net change in capital and surplus	384,755	(83,168)	2,346,351
Capital and surplus, end of reporting period	\$2,029,417	\$1,946,249	\$4,292,600

ANALYSIS OF CHANGES IN FINANCIAL STATEMENTS

No adjustments were made to surplus as of December 31, 2020, as a result of the examination.

SUBSEQUENT EVENTS

No material subsequent events were identified during the examination fieldwork.

ACKNOWLEDGEMENT

Mike Presley, FSA, MAAA, Lead Consulting Actuary, of Risk & Regulatory Consulting, LLC, performed the actuarial review of the examination. Michael Maertz, CISA, CRISC, PMP, IT Specialist, also of Risk & Regulatory Consulting, LLC, performed the information systems review. Malis Rasmussen, MSA, CFE, SPIR, Chief Financial Examiner, supervised the examination. Ashley Bowen, Financial Examiner, of the Utah Insurance Department, participated in the examination. They join the undersigned in acknowledging the assistance and cooperation extended during the course of the examination by officers and representatives of the Company.

Respectfully submitted,

Cambria Shore Cambria Shore, MSA, APIR

Examiner-in-Charge

Utah Insurance Department